510(k) Summary

Introduction

According to the requirements of 21 CFR 807.92, the following information provides sufficient detail to understand the basis for a determination of substantial equivalence.

Submitter name, address, contact Roche Diagnostics Corporation 9115 Hague Road Indianapolis, IN 46250 (317) 576 - 3544

Contact Person: Kay A. Taylor

Date Prepared: September 9, 2000

Device Name

Proprietary name: Elecsys® DHEA-S

Common name: DHEA-S

Classification name: Radioimmunoassay, Dehydroepiandrosterone (Free and

Sulfate)

Device Description The Elecsys® DHEA-S Assay is based on a competitive immunoassay with streptavidin microparticles and electrochemiluminescence detection.

Results are determined using a calibration curve that is generated specifically on each instrument by a 2-point calibration and a master curve provided with the reagent bar code card.

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Intended use

For the in vitro quantitative determination of dehydroepiandrosterone sulfate in human serum and plasma.

Indications for Use

The determination of elevated DHEA-S values is an important aid in the diagnosis of hirsutism and virilism. Further indications for this parameter are all forms of androgenisation, hyperprolactinemia, polycystic ovarian syndrome and the eclusion of an androgen producing tumorof the adrenal cortex.

Substantial Equivalence

The Elecsys® DHEA-S is substantially equivalent to other devices legally marketed in the United States. We claim equivalence to the DPC Immulite DHEA-SO₄ (K935806).

Substantial equivalence - similarities

The following table compares the Elecsys® DHEA-S Assay with the predicate device.

Feature	Elecsys® DHEA-S	Immulite DHEA-SO ₄
Intended Use	For the in vitro quantitative	For the quantitative
	determination of	determination of
	dehydroepiandrosterone	dehydroepiandrosterone
	sulfate in human serum and	sulfate in serum.
	plasma.	Intended strictly for in
		vitro diagnostic use.
Indication for Use	The determination of	Measurement of
	elevated DHEA-S values is	dehydroepiandrosterone
	an important aid in the	sulfate is important to
	diagnosis of hirsutism and	investigations of
	virilism. Further	abnormal hair growth
	indications for this	(hirsutism) and balding
	parameter are all forms of	(alopecia) in women. It
	androgenisation,	is also of value in the
	hyperprolactinemia,	assessment of
	polycystic ovarian	adrenarche and delayed
	syndrome and the eclusion	puberty.
	of an androgen producing	
	tumorof the adrenal cortex.	4.,

Substantial equivalence - similarities

The following table compares the Elecsys® DHEA-S Assay with the predicate device.

Feature	Elecsys® DHEA-S	Immulite DHEA-SO ₄
Assay Protocol	Competitive assay	Competitive assay
Detection Protocol	Electro- chemiluminescence	Chemiluminescence

Substantial equivalence - differences

The following table compares the Elecsys® DHEA-S assay with the predicate device.

Feature	Elecsys® DHEA-S	Immulite DHEA-SO ₄ Immulite Systems	
Instrument	Elecsys Immunoassay Analyzers		
Sample Type	Serum & Piasma	Serum	
Traceability / Standardization	Gravimetrically produced Master calibrators with defined DHEA-S concentrations.	Not in package insert	
Measuring Range	0.10 - 1000 μg/dl	30 - 1000 μg/dl	

Substantial equivalence – performance characteristics, cont.

Feature	Elecsys® DHEA-S	Immulite DHEA-SO ₄
Intra-assay	Human sera:	7.6% at 45 μg/dl
precision (%	2.8% at 117 μg/dl	9.2% at 89 μg/dl
CV)	2.4% at 395 μg/dl	9.5% at 189 μg/dl
	1.7% at 984 μg/dl	8.1% at 421 μg/dl
		6.8% at 783 μg/dl
	Controls:	
	2.2% at 153 μg/dl	1
	2.8% at 123 μg/dl	

Substantial equivalence

– performance
characteristics, cont.

Feature	Elecsys® DHEA-S	Immulite DHEA-SO ₄
Total Precision	Human sera:	15% at 162 μg/dl
(% CV)	3.6% at 117 μg/dl	13% at 552 μg/dl
	4.7% at 395 μg/dl	8.1% at 899 µg/dl
}	2.4% at 984 µg/dl	
	Controls:	
	2.6% at 153 μg/dl	
	3.1% at 123 µg/dl	
Limitations	 No interference from bilirubin up to 13 mg/dl. No interference from lipemia (Intralipid) up to 2000 mg/dl. No interference from biotin up to 36 ng/ml. No interference from rheumatoid factors up to 600 U/ml. In rare cases, interference due to extremely high titers of antibodies to 	 No clinically significant interference from bilirubin No clinically significant interference from hemolysis Use of an ultracentrifuge is recommended to clear lipemic samples.
Analytical sensitivity (LDL)	streptavidin can occur. 0.10 µg/dl	0.07 μg/dl
Method	Elecsys DHEA-S (Y)/	Immulite DHEA-SO4
comparison	Immulite DHEA-SO4 (X):	(Y)/DPC Coat-A-Count
	Bablok- Passing	DHEA-SO4 RIA (X)
	Y = 1.06x + -4.78, r = 0.952	Y = 1.01x - 7.0
	Linear Reg:	r = 0.985
<u> </u>	Y = 0.94x + 14.0, r = 0.952	

Substantial equivalence – performance characteristics, cont.

Feature	Elecsys® DHEA-S	Immulite DHEA-SO ₄
Calibration	Once per reagent lot using	 Each new kit lot.
frequency	fresh reagent.	After seven days with
'	Elecsys 2010	same kit in use.
	After 1 month (same	
	reagent lot)	
	After seven days (same	
	kit on analyzer)	
:	As required by QC	
	protocols	
	Elecsys 1010	
	With every reagent kit	
	After seven days (ambient)	
	temperature 20-25°C)	
	After three days (ambient)	
}	temperature 25-32°C)	-
	As required by QC	;
	protocols	
Expected values	20 - 150 μg/dl Newborn	35 – 430 μg/dl females
	$5-30 \mu g/dl < 6 \text{ years}$	80 560 μg/dl males
	20 – 100 μg/dl Adrenarche	
	70 - 300 µg/dl Females	
	(Premenopausal)	
	20 – 100 μg/dl Females	
	(Postmenopausal)	
	100 – 300 Men	

Substantial equivalence – performance characteristics, cont.

Feature	Elecsys® DHEA-S	Immulite DHEA-SO ₄
Feature Specificity	Elecsys® DHEA-S Percent cross reactivity at concentration tested: Cortisol= 0.004% @ 10,000 μg/dl Androstendionc= 0.399% @ 1000 μg/dl DHEA= 0.178% @ 1000 μg/dl Androsterone= 0.033% @ 2000 μg/dl Testosterone= 0.033% @ 2000 μg/dl Androsterone-glucuronide= 0.014% @ 5000 μg/dl Androsterone-sulfate= 0.137% @ 5000 μg/dl 5-α-dihydrotestosterone= 0.028% @ 5000 μg/dl DHEA-glucuronide= 0.020% @ 5000 μg/dl Estradiol-3-sulfate-17-glucuronide= 0.009 @ 5000 μg/dl 19-hydroxyandrostendione= 0.018% @ 5000 μg/dl Aldosterone= 0.008% @ 5000 μg/dl Estrone= 0.012% @ 5000 μg/dl Estrone= 0.012% @ 5000 μg/dl Estrone-3-sulfate= 0.136% @ 5000 μg/dl Estrone-3-sulfate= 0.136% @ 5000 μg/dl Progesterone= 0.034% @ 5000 μg/dl	Percent cross reactivity at concentration tested: DHEA= 0.049% @ 4000 μg/dl DHEA-Glucuronide= 0.054% @ 5000 μg/dl Aldosterone= 0.003% @ 5000 μg/dl Androstenedione= 0.147% @ 1000 μg/dl Androsterone-0.028% @ 2000 μg/dl Androsterone-Glucuronide= 0.015% @ 5000 μg/dl Androsterone-SO4= 0.231% @ 5000 μg/dl Cortisol= 0.001% @ 10,000 μg/dl S-α-dihydrotestosterone= 0.028% @ 5000 μg/dl Estradiol= Nondetectable β-estradiol-3-SO4-17-glucuronide= 0.005% @ 5000 μg/dl Estriol= Nondetectable Estrone= 0.005% @ 5000 μg/dl Estrone-3-SO4= 0.495% @ 5000 μg/dl 19-Hydroxyandrostendione= 0.011% @ 5000 μg/dl
		Progesterone= 0.012% @ 5000 µg/dl Testosterone= 0.042% @ 2000µg/dl

DEPARTMENT OF HEALTH & HUMAN SERVICES



JAN 1 7 2001

Food and Drug Administration 2098 Gaither Road Rockville MD 20850

Ms. Kay A. Taylor Regulatory Affairs, Laboratory Systems Roche Diagnostics Corporation 9115 Hague Road PO Box 50457 Indianapolis, Indiana 46250-0457

Re:

K003174

Trade Name: Elecsys® DHEA-S

Regulatory Class: I Product Code: JKC Dated: January 2, 2001 Received: January 3, 2001

Dear Ms. Taylor:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarke notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4588. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,

Steven I. Gutman, M.D., M.B.A.

Director

Division of Clinical Laboratory Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Steven Toutman

Enclosure

Indications for Use Statement

510(k) Number (if known): N/	A K00317	1
Device Name: <u>Elecsys® DHE</u>	<u>A-S</u>	
Indications For Use:		
serum and plasma. The determine the diagnosis of hirsutism and of forms of androgenisation, hypereclusion of an androgen production of an androgen production.	ination of elevated I virilism. Further inc rprolactinemia, poly	vices
Prescription Use (Per 21 CFR 801.109)	OR	Over-The-Counter Use
•		(Optional Format 1-2-96)